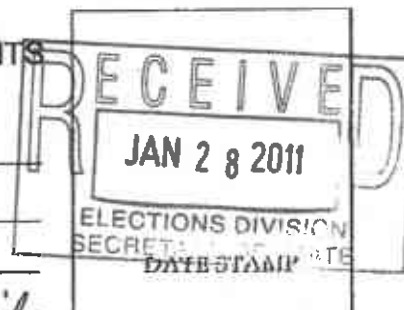


2010 ELECTION CYCLE
Phone: 228-586-1290
Cell: 228-342-2844

Delbert Hosemann
SECRETARY OF STATE

Candidate
REPORT OF RECEIPTS AND DISBURSEMENTS
2010 Non-Judicial Election



Name of Candidate Jessica Upshaw
Address 747 Kame Dr., Diamondhead MS 39525
Telephone 228-255-6619 Fax 228-255-6619
Contact Name Jessica Upshaw Email jessicupshaw@gmail.com
Office Sought House of Rep. Dist. 95 Political Party Republican

☒ Check here if above is different from previous report

TYPE OF REPORT

- ☐ May 26, 2010 Pre-Election Report (January 1, 2010, through May 22, 2010).....Mandatory
☐ June 15, 2010 Pre-Runoff Report (May 23, 2010, through June 12, 2010).....Runoff Candidates
☐ October 26, 2010 Pre-General Report (May 23, 2010, through October 23, 2010).....All Candidates
☐ November 16, 2010 Pre-Runoff Report (October 24, 2010, through November 13, 2010).....Runoff Candidates
☒ January 31, 2011 Annual Report (January 1, 2010, through December 31, 2010).....All Candidates and Political Committees
☐ Termination Report (Candidate will no longer accept contributions or make campaign expenditures and has no outstanding campaign debt obligation) Required to terminate reporting obligations

IMPORTANT

- (1) Pre-Election reports are mandatory, even if no contributions or expenditures have occurred. In such case, the candidate shall submit a report indicating "0" (Zero) for total amount of reported contributions and expenditures during this period.
- (2) Until a Candidate files a Termination Report, annual and periodic reports must still be filed in accordance with Miss. Code Ann. § 23-15-807 (b) (II) and (III).
- (3) The receiving authority must be in actual receipt of the required reports by 5:00 p.m. on the reporting day. If the deadline falls on a weekend or a holiday, the office must be in actual receipt of the required reports by 5:00 p.m. on the first working day before the deadline. Faxed reports are acceptable.

REPORTED CONTRIBUTIONS AND DISBURSEMENTS

	Itemized + Non-Itemized =	This Period	Calendar Year-To-Date
Total amount of contributions	\$ <u>6224.46</u> ⁺ \$ <u>0</u>	\$ <u>6224.46</u>	\$ <u>6224.46</u>
Total amount of disbursements	\$ <u>5624.46</u> ⁺ \$ <u>1274.00</u>	\$ <u>6298.46</u>	\$ <u>6298.46</u>
Total amount of cash on hand		\$ <u>25,157.56</u>	

I certify that I have examined this report and to the best of my knowledge and belief it is true, accurate, and complete.

Signature of Candidate

Date

Authority: Refer to Miss. Code Ann. §23-15-801 (1972) et. seq. for statutory requirements.
Penalties: Failure to submit required reports, or failure to submit reports in accordance with statutory deadlines, or failure to submit valid reports shall result in fines of \$50 per day and/or prosecution in accordance with Miss. Code Ann. §§ 23-15-811 and 813 (1972).

SEND TO: 1. Candidates for Statewide, State district, multi-county and all legislative offices should return form to Secretary of State, Elections Division, P. O. Box 136, Jackson, MS 39205 or fax to 601-359-1499 or 601-576-2810.
2. Candidates for countywide and county district offices should return forms to their county Circuit Clerk.

805 01-70

Name of Candidate or Committee Jessica Upshaw Campaign Committee
 Reporting period 1/1/10 through 12/31/10

ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>MAE - PAC</u>	<u>5/26/10</u>	\$ <u>500.00</u>
Mailing Address <u>1301 Pass Rd.</u>	<u>10/21/10</u>	\$ <u>500.00</u>
City, State, Zip Code <u>Gulfport MS 39501</u>	<u>—/—/—</u>	\$
Name of Employer (Required) <u>E. H. Warren</u>	<u>—/—/—</u>	\$
Occupation (Required)	Aggregate year-to-date	\$ <u>1000.00</u>
B. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Astra Zameca</u>	<u>6/28/10</u>	\$ <u>400.00</u>
Mailing Address <u>175 E. Capitol St., Suite 702</u>	<u>—/—/—</u>	\$
City, State, Zip Code <u>Jackson MS 39201-2135</u>	<u>—/—/—</u>	\$
Name of Employer (Required)	<u>—/—/—</u>	\$
Occupation (Required)	Aggregate year-to-date	\$ <u>400.00</u>
C. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>MS Dental PAC</u>	<u>8/25/10</u>	\$ <u>1000.00</u>
Mailing Address <u>2630 Ridgeland Rd. Suite C</u>	<u>—/—/—</u>	\$
City, State, Zip Code <u>Jackson MS 39216-4920</u>	<u>—/—/—</u>	\$
Name of Employer (Required)	<u>—/—/—</u>	\$
Occupation (Required)	Aggregate year-to-date	\$ <u>1000.00</u>
D. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>AT & T PAC</u>	<u>9/9/10</u>	\$ <u>300.00</u>
Mailing Address <u>175 E. Capitol St., Suite 702</u>	<u>—/—/—</u>	\$
City, State, Zip Code <u>Jackson MS 39201-2135</u>	<u>—/—/—</u>	\$
Name of Employer (Required)	<u>—/—/—</u>	\$
Occupation (Required)	Aggregate year-to-date	\$ <u>300.00</u>

Name of Candidate or Committee Jason Upshaw Campaign Committee
 Reporting period 11/1/10 through 12/31/10

ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Cherion</u>		<u>9/27/10</u>	\$ <u>500.00</u>
Mailing Address <u>P.O. Box 1300</u>		<u> </u> <u> </u> <u> </u>	\$
City, State, Zip Code <u>Pascagoula MS 39568</u>		<u> </u> <u> </u> <u> </u>	\$
Name of Employer (Required) _____		<u> </u> <u> </u> <u> </u>	\$
Occupation (Required) _____		Aggregate year-to-date	\$ <u>500.00</u>
B. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Centrix, LLC</u>		<u>10/28/10</u>	\$ <u>250.00</u>
Mailing Address <u>11744 W. 95th St., Suite 147</u>		<u> </u> <u> </u> <u> </u>	\$
City, State, Zip Code <u>Overland Park, KS 66215</u>		<u> </u> <u> </u> <u> </u>	\$
Name of Employer (Required) _____		<u> </u> <u> </u> <u> </u>	\$
Occupation (Required) _____		Aggregate year-to-date	\$ <u>250.00</u>
C. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Benbury</u>		<u>12/31/10</u>	\$ <u>500.00</u>
Mailing Address <u>5100 Tennyson Pkwy, Suite 1200</u>		<u> </u> <u> </u> <u> </u>	\$
City, State, Zip Code <u>Plano TX 75024</u>		<u> </u> <u> </u> <u> </u>	\$
Name of Employer (Required) _____		<u> </u> <u> </u> <u> </u>	\$
Occupation (Required) _____		Aggregate year-to-date	\$ <u>500.00</u>
D. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>MS Association for Home Care</u>		<u>12/14/10</u>	\$ <u>300.00</u>
Mailing Address <u>134 Fairmont St., Suite B</u>		<u> </u> <u> </u> <u> </u>	\$
City, State, Zip Code <u>Clinton MS 39056</u>		<u> </u> <u> </u> <u> </u>	\$
Name of Employer (Required) _____		<u> </u> <u> </u> <u> </u>	\$
Occupation (Required) _____		Aggregate year-to-date	\$ <u>300.00</u>

Name of Candidate or Committee Jessica Upshaw Campaign CommitteeReporting period 11/1/10 through 12/31/10

ITEMIZED RECEIPTS

A. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>MS Consumer Finance Assoc.</u>		<u>11/7/10</u>	\$ <u>964.85</u>
Mailing Address <u>PO Box 24087</u>		<u>7/15/10</u>	\$ <u>1009.61</u>
City, State, Zip Code <u>Jackson, MS 39225-4087</u>		<u> </u> / <u> </u> / <u> </u>	\$
Name of Employer (Required)		<u> </u> / <u> </u> / <u> </u>	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>1974.46</u>
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name		<u> </u> / <u> </u> / <u> </u>	\$
Mailing Address		<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code		<u> </u> / <u> </u> / <u> </u>	\$
Name of Employer (Required)		<u> </u> / <u> </u> / <u> </u>	\$
Occupation (Required)		Aggregate year-to-date	\$
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name		<u> </u> / <u> </u> / <u> </u>	\$
Mailing Address		<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code		<u> </u> / <u> </u> / <u> </u>	\$
Name of Employer (Required)		<u> </u> / <u> </u> / <u> </u>	\$
Occupation (Required)		Aggregate year-to-date	\$
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name		<u> </u> / <u> </u> / <u> </u>	\$
Mailing Address		<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code		<u> </u> / <u> </u> / <u> </u>	\$
Name of Employer (Required)		<u> </u> / <u> </u> / <u> </u>	\$
Occupation (Required)		Aggregate year-to-date	\$

Name of Candidate or Committee Jessica Upshaw Campaign Committee
 Reporting period 1/1/10 through 12/31/10

ITEMIZED DISBURSEMENTS

A. Full name	<u>MS Consumer Finance Assn</u>	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	<u>PO Box 24087</u>	<u>11/7/10</u>	\$ <u>964.85</u>
City, State, Zip Code	<u>Jackson, MS 39225-4087</u>	<u>7/5/10</u>	\$ <u>1007.61</u>
Purpose of Disbursement (Optional)	<u>Lodging @ Hilton Sandestin Resort</u>	Aggregate Year-to-date	\$ <u>1974.46</u>
B. Full name	<u>National Foundation for Women Legislative</u>	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		<u>6/17/10</u>	\$ <u>250.00</u>
City, State, Zip Code		<u>1/1/10</u>	\$
Purpose of Disbursement (Optional)	<u>Seminar</u>	Aggregate Year-to-date	\$ <u>250.00</u>
C. Full name	<u>Palazzo for Congress</u>	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		<u>7/29/10</u>	\$ <u>500.00</u>
City, State, Zip Code		<u>1/1/10</u>	\$
Purpose of Disbursement (Optional)	<u>Contribution</u>	Aggregate Year-to-date	\$ <u>500.00</u>
D. Full name	<u>M2 Media Co</u>	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		<u>10/19/10</u>	\$ <u>300.00</u>
City, State, Zip Code		<u>1/1/10</u>	\$
Purpose of Disbursement (Optional)	<u>Advertisement</u>	Aggregate Year-to-date	\$ <u>300.00</u>
E. Full name	<u>MS 7th Region</u>	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		<u>10/19/10</u>	\$ <u>1000.00</u>
City, State, Zip Code		<u>1/1/10</u>	\$
Purpose of Disbursement (Optional)	<u>Contribution</u>	Aggregate Year-to-date	\$ <u>1000.00</u>
F. Full name	<u>MS House Republican Conference</u>	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		<u>1/25/10</u>	\$ <u>1000.00</u>
City, State, Zip Code		<u>1/1/10</u>	\$
Purpose of Disbursement (Optional)	<u>Conference</u>	Aggregate Year-to-date	\$ <u>1000.00</u>